## EXHIBIT C

FRA

			1	
Name of Debtor	Case No	mher:		
USA Commercial Mortgage Company		725-LBR		
NOTE. See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503  Name of Creditor and Address:  ADDES, KENNETH IRP  100 W BROADWAY APT # 7V LONG BEACH NY 11561	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement grving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court.	WHOSE LOAN I DEBTORS YOU OF CLAIM. THI BORROWER HI DO NOT FILE TI SECURED INTE ONE OF THE DI If you have all Bankruptcy Cour	ready filed a proof of claim with the it or BMC, you do not need to file again
Creditor Telephone Number (\$16) 897 - 3810/3830  Last four digits of account or other number by which creditor identifies of	de la Servici	COUR.	THIS SPA	CE IS FOR COURT USE ONLY
6263	(81)(61)	Check here replace or if this claim amen	a previous	y filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation (	fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)  Forelest	*	compensation for services per		to (date)
2 DATE DEBT WAS INCURRED.  4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE O		
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ 30,878, 66  Check this box if a) there is no colleteral or lien securing your claim, or b); exceeds the value of the property securing it, or if c) none or only part of you entitled to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim, all or part of which is entitled to priority  Amount entitled to priority  Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	your claim ur claim is	SECURED CLAIM  Check this box if you a right of setoff) Brief description of Real Estate  Value of Collateral	collateral  Motor Vehick  Motor Vehick  do other charges  do year  do purchase, lease household use -1 remmental units - graph of 11 U S.C.	e Other  at time case filed included in 78,66  a, or rental of property or 11 U S C § 507(a)(7)  11 U S C § 507(a)(8)  § \$ 507(a) ()  and every 3 years thereafter
AT TIME CASE FILED:  (unsecured)  Check this box if claim includes interest or other charges in addition to the	(30	ecured)	( pnority) nized statement o	(Total)
<ol> <li>CREDITS The amount of all payments on this claim has been credit</li> <li>SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts, contracts, court judgments, mortgages, security ag DOCUMENTS if the documents are not available, explain if the do</li> <li>DATE-STAMPED COPY. To receive an acknowledgment of the proof of claim</li> </ol>	<u>nents,</u> suc greements ocuments :	ch as promissory notes, purcl , and evidence of perfection of are voluminous, attach a sum	hase orders, involved in the property in the p	orces, itemized statements of T SEND ORIGINAL.
Attn USACM Claims Docketing Center P O Box 911	prevailing erporation BY HAND O BMC Grou Attn. USAC 1330 East	Pacific time, on November	r 13, 2006 i	THIS SPACE FOR COURT USE ONLY
DATE    SiGN and print the name and title, if any, of the this claim (attach copy of power of attorned to the copy of the copy	creditor or o by, if any)	other person authorized to file	Photography and photography and photography	USA CMC 1072501623

	PROOF OF CLAIM	
Name of Debtor	Case Number	
USA Commercial Mortgage Company	06-10725-LBR	
To the commercial mortgage company	00-10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers		
This form should not be used to make a claim for an administrative expe	ense	
ansing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503	filed a proof of claim relating	IF YOU ARE ONLY OWED MONEY BY A BORROWER
Name of Creditor and Address	to your claim Attach copy of statement giving particulars	WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO <u>NOT</u> HAVE TO FILE A PROOF
11321242033480	Check box if you have	OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT
ALAMO ANTONIO 85 VENTANA CANYON DR	never received any notices	
LAS VEGAS NV 89113	from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
ALAMO FAMILY TRUST DATED 12/30/9 C/O ANTONIO C. ALAMO TRUSTEE	Check box if this address	ONE OF THE DEBTORS
C/O ANTONIO C. ALAMO TRUSTEE	differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (702) 617-4911 OR (702) 247-905	58 court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	debtor Check here replac	es
CASE NO BK-5-06-10925 LBR	or amend	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree benefits as defined in 11 U S (	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death	Wages salaries and compensation (fi	Il out below)
Services performed Taxes	Last four digits of your SS #	(not for loan balances)
Money loaned Other (describe briefly)	Unpaid compensation for services per	formed from to
2 DATE DEET WAS INCUIDED A LIGHT A LIGHT OF COLOR	A IF COURT INDOMENT DATE OF	(date) (date)
2 DATE DEBT WAS INCURRED 4 18 05 6 14 05, 4 15 05 9 2 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		
See reverse side for important explanations	SECUPED OF AIM	
UNSECURED NONPRIORITY CLAIM \$ UNKNOWN (SEE EXH	RIGHT A)	ur claim is secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it, or if c) none or only part of you	your claim	,
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of d	coilateral
Check this box if you have an unsecured claim all or part of which is	Real Estate	Motor Vehicle    Other
entitled to priority	Value of Collateral	\$
Amount entitled to priority \$	Amount of arrearage and	d other charges at time case filed included in
Specify the priority of the claim	secured claim, if any: \$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salanes or commissions (up to \$10 000)* earned within 180 days	Up to \$2,225* of deposits towar	d purchase lease or rental of property or household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's		emmental units - 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4)		graph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 USC § 507(a)(5)	* Amounts are subject to adjust	ment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ UNKNOWN \$	\$	ed on or after the date of adjustment.
AT TIME CASE FILED (unsecured)	(secured)	(prionty) (Total)
Check this box if claim includes interest or other charges in addition to the	,	(, 5,0)
6 CREDITS The amount of all payments on this claim has been credit		•
7 SUPPORTING DOCUMENTS Attach copies of supporting documents	ments, such as promissory potes, nurch	ase orders invoices itemized statements of
running accounts, contracts court judgments mortgages security ag DOCUMENTS If the documents are not available explain. If the documents are not available.	dreements, and evidence of perfection o	IF IRED DO NOT SEND ODICINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the		
proof of claim		• • •
The original of this completed proof of claim form must be sent to ACCEPTED) so that it is actually received on or before 5 00 pm, i	by mail or hand delivered (FAXES NO	12 222
for each person or entity (including individuals, partnerships, co.	prevailing racific time, on November Prorations, joint ventures, trusts and	13, 2006 USE ONLY USA CIVIC
governmental units) BY MAIL TO B	RY HAND OR OVERNIGHT DELIVERY TO	41 M TH 1 1 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1
BMC Group	BMC Group Attn USACM Claims Docketing Center	1072500650
P O Box 911 1.	1330 East Franklin Avenue	EN ED OOT 1 8 2006
El Segundo CA 90245-0911  DATE  SIGN and print the name and title if any of the company of the c	El Segundo CA 90245	FILED DOI 1
this claim (attach early of power of attorney	ey if any)	, "

FORM B10 (Sffic AP = 1.11713) (11/105) Doc 8471-3 Entered 06/16/11 15:21:05 Page 4 of 12 DISTRICT OF NEVADA UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE CO-06-10725 NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor (The person or other entity to whom the Check box if you are aware that anyone debtor owes money or property): STANLEY else has filed a proof of claim relating to your claim. Attach copy of statement FLORENCE ALEXANDER, IND. + giving particulars. AS TRUSTEES Check box if you have never received any Name and address where notices should be sent: notices from the bankruptcy court in this ROBERT C. LEPOME 10120 S. EASTERN #200 HENDERSON, NV 89052 Check box if the address differs from the address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number: (702) 492-1271 the court. Last four digits of account or other number by which creditor Check here . 

replaces identifies debtor: 240 *3* if this claim amends a previously filed claim, dated: **Basis for Claim**  $\Box$ Retiree benefits as defined in 11 U.S.C. § 1114(a) GENERAL CLAIM Wages, salaries, and compensation (fill out below) Goods sold CLASS 4 Last four digits of your SS #: П Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death from\_ Other NECLICENCE & FRAND Date debt was incurred: JAN 1, 2005 If court judgment, date obtained: to APRIL 12,2006 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Secured Claim Unsecured Nonpriority Claim \$ 400,000 Check this box if your claim is secured by collateral (including Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. a right of setoff). Brief Description of Collateral: ☐ Real Estate ☐ Motor Vehicle ☐ Other-**Unsecured Priority Claim** Value of Collateral: \$ Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount of arrearage and other charges at time case filed included in secured claim, if any: \$\_ Amount entitled to priority \$\_\_ Up to \$2,225\* of deposits toward purchase, lease, or rental of property Specify the priority of the claim: or services for personal, family, or household use - 11 U.S.C. ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7). (a)(1)(B)Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). ☐ Wages, salaries, or commissions (up to \$10,000),\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_ \*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). Total Amount of Claim at Time Case Filed: 8 400.000 400,000

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all

interest or additional charges, 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of

THIS SPACE IS FOR COURT USE ONLY

making this proof of claim. 7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase

orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim.

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): \_

12-4-06

ROBERT C. LE POME, ESQ. BAR # 1980 FIED DEC 0 4 2006

	PRO	OF OF CLAIM		
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-1			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	ense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address		statement giving particulars		
Dr. Gary L. Kantor, as Trustee for the Benefit o Kantor Nephrology Consultants, Ltd., 401(k) Prof Sharing Plan c/o Michael M. Schmahl McGuireWoods LLP 77 W. Wacker Drive, Suite 4100 Chicago, IL 60601	of Eit	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DEE If you have alre Bankruptcy Court (	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ( 31)2 849-8100	1-11	Court	I HIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of	debtor	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salanes and compensation (	fill out below)	Other claims against servicer
Services performed Taxes	, -	digits of your SS#	-	(not for loan balances)
Money loaned Other (describe bnefly) See Exhibit A	Unpaid o	compensation for services pe	rformed from	to (date) (date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE C		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descr	be your claim and state the amo	unt of the claim at th	he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Unliquidated  Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority		Check this box if your a right of setoff)  Brief description of		ed by collateral (including
UNSECURED PRIORITY CLAIM			-	П он-
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate L  Value of Collateral		Other
Amount entitled to priority \$		Amount of arrearage ar secured claim if any	nd other charges	at time case filed included in
Specify the pnority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_			as contained as a contained
	<u> </u>	Up to \$2 225* of deposits toward services for personal family of		
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vemmental units 1	11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L.	Other Specify applicable part * Amounts are subject to adju- with respect to cases commer	stment on 4/1/07 an	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ Unliquidated \$		\$		\$ Unliquidated
AT TIME CASE FILED (unsecured)	(:	secured)	( priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	mized statement of	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts contracts court judgments mortgages, security and DOCUMENTS if the documents are not available, explain if the company of the secure and acknowledgment of the proof of claim	<u>uments.</u> si agreement documents	uch as promissory notes pure s and evidence of perfection are voluminous attach a sui	chase orders involved of lien DO NO mmary	oices itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm	ı, prevailir	ig Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO	l l	LED JAN 1 3 2007
Attn USACM Claims Docketing Center	Attn USA	սբ \CM Claims Docketing Cente	r	
P O Box 911		t Franklin Avenue	1	USA CMC
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attor	ne creditor o	Mary J. Ket	Tenta/ma	1072502311
1/12/07 Dr. Gary Kantor, as Trustee Consultants, Ltd., 401(k) Pr	for the	Benefit of Kantor I	ephrology	

Case 06-10725-gwz Doc 8471.	-3 Entered 06/16/11 15:2	21:05 Page 6 of 12
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM	YOUR CLAIM IS SCHEDULED AS
	Case Number	Schedule/Claim ID s31820
		Amount/Classification
USA Commercial Mortgage Company	06-10725-LBR	\$12 951 80 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address  DAVIS FAMILY TRUST  C/O JOSEPH DAVIS & MARION SHARP CO-TRUSTEES 3100 ASHBY AVE LAS VEGAS, NV 89102 1908	of an aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
Creditor Telephone Number ( )	<u> </u>	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies  727  3997	Check here replace or if this claim amen	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree benefits as defined in 11 U S	C § 1114(a)  Unremitted principal
Goods sold Personal injury/wrongful death	Wages salaries and compensation (	
Services performed Taxes	Last four digits of your SS #	(not for loan balances)
Money loaned Other (describe briefly)  SEE ATTACHED	Unpaid compensation for services pe	rformed from to (date)
2 DATE DEBT WAS INCURRED 8-17-2004	3 IF COURT JUDGMENT, DATE C	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best describe your claim and state the amount	nt of the claim at the time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ 750,000 00	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you entitled to priority	Our claim	our claim is secured by collateral (including
UNSECURED PRIORITY CLAIM		Motor Vehicle Other
Check this box if you have an unsecured claim all or part of which is		. 1
entitled to priority	Value of Collateral	
Amount entitled to priority \$	Amount of arrearage at secured claim if any	nd other charges at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		
Wages salaries or commissions (up to \$10 000) earned within 180 days		rd purchase lease or rental of property or r household use 11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	Taxes or penalties owed to go	vernmental units 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		graph of 11 U S C § 507(a) ( )
Commodition to an employee beneat plan 11 0 0 0 3 501 (a)(0)		tment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 750,000.00 \$	750,000.00 \$	\$ 750,000.00
AT TIME CASE FILED (unsecured)	(secured)	( priority) (Total)
Check this box if claim includes interest or other charges in addition to the	ne principal amount of the claim. Attach ite	mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts, contracts court judgments, mortgages, security DOCUMENTS If the documents are not available, explain If the c  8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	uments, such as promissory notes, pur agreements and evidence of perfection documents are voluminous attach a su	chase orders invoices, itemized statements of n of lien DO NOT SEND ORIGINAL immary
The original of this completed proof of claim form must be sen		
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,		
governmental units) By MAIL TO	BY HAND OR OVERNIGHT DELIVERY TO	FILES LAN 4 2 2007
BMC Group Attn USACM Claims Docketing Center	BMC Group Attn USACM Claims Docketing Center	, , , , , , , , , , , , , , , , , , , ,
P O Box 911	1330 East Franklin Avenue	USA CMC
El Segundo, CA 90245-0911	El Segundo CA 90245	1072502334
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn	ey if any)	
1-12-07 Gues Tollage FA	EVEN T. NELSON	ATTOENEY

	<u> 10725-QWZ   D0C 8471</u> -	<u>3 El</u>	<u>liered 06/16/11 15.4</u>	<u> 21.05 Pac</u>	<u>e / 0l 12                                  </u>
UNITED STATES BAN DISTRICT OF	KRUPTČY COURT F NEVADA		OOF OF CLAIM		AIM IS SCHEDULED AS:
Name of Debtor		Case Nu	mber	Schedule/Claim IC	s31157
USA Commercial Mortga	age Company		25-LBR	Amount/Classifica	tion
SA Commercial Mortga	ige Company	00-107	25-EDN	\$12 951 80 Unsec	cured
NOTE See Reverse for List of Debt This form should not be used to mak arising after the commencement of ti administrative expense may be filed  Name of Creditor and Addre  DAVIS INVESTMENTS 3100 ASHBY AVE LAS VEGAS, NV 89102	te a claim for an administrative exp he case A "request" for payment pursuant to 11 U S C § 503 ess.	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	scheduled by the D you agree with the other claim against this proof of claim I  If the amounts sh Unliquidated or D filed  If you have alre Bankruptcy Court	cted above constitute your claim as lebtor or pursuant to a filed claim. It amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, isputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number ( )			court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other n	umber by which creditor identifies	debtor	Check here replace or if this claim amer	<ul> <li>a previously</li> </ul>	filed claim dated
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	ersonal injury/wrongful death	Wages,	salaries, and compensation (	(fill out below)	Other claims against service (not for loan balances)
	axes		digits of your SS #		(not for loan balances)
Money loaned X O	ther (describe briefly)	Unpaid o	compensation for services pe	erformed from	(date) (date)
2 DATE DEBT WAS INCURRED			OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM See reverse side for important explanal	Check the appropriate box or boxes that tions	best describ	pe your claim and state the amou	nt of the claim at the	e time case filed
exceeds the value of the property se entitled to priority	AIM \$ /_000,000.000  ateral or lifen securing your claim or b) yecuring it or if c) none or only part of you	our claim ir claim is	Check this box if you a right of setoff)  Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM  Check this box if you have an unsec	oured cinim, all or next of which is		Real Estate	Motor Vehicle	Other
entitled to priority	cured claim air or part of which is		Value of Collateral	\$ UNIX	NOWN
Amount entitled to priority \$					at time case filed included in
Specify the priority of the claim			secured claim, if any	\$	
\	11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toware services for personal family of		
before filing of the bankruptcy petition			Taxes or penalties owed to go		
business whichever is earlier 11 U			Other Specify applicable para	agraph of 11 USC	§ 507(a) ()
Contributions to an employee benefit	rpian 1103C 930/(a)(3)		Amounts are subject to adjust with respect to cases commen		
	\$ 1,000,000.00 \$	1,000,0	200,00 \$		\$ 1,000,000.00
AT TIME CASE FILED	\$ /,000,000 00 \$ (unsecured)	(5	secured)	( priority)	(Total)
4	erest or other charges in addition to the	· ·			
7 SUPPORTING DOCUMENTS running accounts, contracts cou DOCUMENTS If the documents	syments on this claim has been cre  Attach copies of supporting documents, mortgages, security is are not available, explain. If the correceive an acknowledgment of the	<i>uments,</i> su agreemen documents	uch as promissory notes pur ts and evidence of perfections are voluminous, attach a su	rchase orders, inv in of lien DO No ummary	voices, itemized statements of DT SEND ORIGINAL
proof of claim	Freceive an acknowledgment of th	o amily or )	your claim, enclose a stampe	Ju Jen audiesse	c cirrolopo and copy of this
ACCEPTED) so that it is actual	proof of claim form must be ser lly received on or before 5 00 pn uding individuals, partnerships,	ı, prevaili	ng Pacific time, on Novemi	ber 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group	Contor	BMC Gro		•	ED JAN 1 3 2007
Attn USACM Claims Docketing P O Box 911	Center	1330 Eas	ACM Claims Docketing Cente it Franklin Avenue	51	USA CMC
El Segundo, CA 90245 0911	media moint the prome and this is any of the		do, CA 90245		
	and print the name and title if any of the this claim (attach copy of power of attorn	ey if any)	<u> </u>		1072502333
1-12-07 W	van Mason	ERV	EN 1. NELSA	N, A-/ Tout	<b>Y</b>

FORM B10 (Official Form 10) (10/05)

United States Bankr	uptcy Court - District of Nevada		PROOF OF CLAIM	
Name of Debtor USA Commercial Mor	Name of Debtor Case Number USA Commercial Mortgage Company 06-10725-LBR			
NOTE This form should not of the case A "request' for pr	pense arising after the commencement			
	or other entity to whom the debtor owes	Check box if you are aware that anyone else has filed a proof of claim relating to your claim.  Attach copy of statement giving		
Name and address where note G & L Trust Dated 11/ c/o Laurel E Davis Lionel Sawyer & Colli 300 South Fourth Stre Las Vegas, NV 89101  [clephone number 702-36]  Last 4 digits of account or other	25/91 ns eet, Suite 1700	particulars  Check box if you have never received any notices from the bankruptcy court in this case  Check box if the address differs from the address on the envelope sent to you by the court.  Check here  replaces	This Space is for Court Use Only	
If this claim a previously filed claim dated amends				
☐ Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wid ☐ Taxes ☐ Other See Attac	ongful death	☐ Retiree benefits as defined in 11 ☐ Wages salaries, and compensate  Last four digits of SS #  Unpaid compensation for service  from	cion (fill out below)  ces performed	
2 Date debt was incurre		3 If court judgment, date obtained		
L nsecured Nonpriority Clai  Check this box if a) there or b) your claim exceeds or c) none or only part of  I nsecured Priority Claim  Check this box it you have entitled to priority  Amount entitled to priority \$	is no collateral or lien securing your claim the value of the property securing it. your claim is entitled to priority an unsecured claim all or part of which is	De your claim and state the amount of the classes your claim and state the amount of the classes your claim is secured. Check this box if your claim is secured. Brief Description of Collateral Real Estate. Motor Vehicle. Of Value of Collateral.  Amount of arrearage and other charge case filed included in the secured claim.	od by collateral (including a right of setoff)  other  es at time	
☐ Wages salaries or commis days before filing of the ba debtor s business whichey	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B) assons (up to \$10 000) * earned within 180 ankruptcy petition or cessation of the er is earlier - 11 U S C § 507(a)(4) are benefit plan - 11 U S C § 507(a)(5)	☐ Up to \$2 225* of deposits toward pure services for personal family or house. ☐ Taxes or penalties owed to governmen. ☐ Other - Specify applicable paragraph of "Amounts are subject to adjustment on 4 1 07 respect to cases commenced on or after the de-	hold use - 11 U S C & 507(a)(7)  Ital units 11 U S C & 507(a)(8)  If 11 U S C & 507(a)()  and every 3 years thereafter with	
	at Time Case Filed \$(unsecured) cludes interest or other charges in addition to the	, ,	ority) (Total) zed statement of all interest	
this proof of claim  7 Supporting Documents orders, invoices itemized agreements and evidence are not available explain  8 Date-Stamped Copy To	Il payments on this claim has been credited and datach copies of supporting documents such as particular such as particular to form the such as properties of running accounts contracts courty of perfection of lien DO NOT SEND ORIGINA lift the documents are voluminous attach a summarceive an acknowledgment of the filing of your ad copy of this proof of claim	promissory notes purchase sudgments, mortgages security L DOCUMENTS of the documents ary	This Space is for Court Use Only  D JAN 12 2007	
Date	Sign and print the name and title it any of the cred this claim (attach copy of power of attorney if any)			
January 12, 2007	/s/ Laurel E Davis, Counsel for Cla Laurel E Davis, Counsel for Claim	umant	USA CMC	

Case 06-10725-gwz Doc 8471-3 Entered 06/16/11 15:21:05 Page 9 of 12

FC	RM	B10	Official	Form	10)	(10/05)
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UNITED STATES BANKRUPTCY COURT	Dist	RICT O	r Nevada	BDCCC CE CLAIM	
Name of Duhlor USA Commercial Mortage Case Number 06-10725-LBR				PROOF OF CLAIM	
NOTE This form should not be used to make a claim for an administ of the cise. A request for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Bank Custedian For Janice A. Lucas, TRA  Name and address where notices should be sent	or owes money or property)  Bank Custedian  or Janice A. Lucas IRA  giving particulars  Check how it you have never received any				
Janice Lucas 13/0 Secret Lake Loop Lincoln CA 95648 Telephone number 916-645-0158	case Chec	k box if t	the bankruptcy court in the	}	
Last four digits of account or other number by which creditor identifies debtor		k here s claim	replaces amends a previously	iled claim dated	
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes See Exhib. A		Wa La Un	etiree benefits as defined it ages salaries and compete st four digits of your SS a inpaid compensation for se om	nsation (fill out below)	
2 Date debt was incurred	3	If cour	t judgment, date obtain	ed	
4. Classification of Clarm. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations.  Unsecured Nonpriority Claim 5 76, 060-67  Check this box if a) there is no collateral or lien securing your claim or only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of which is entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 USC \$ 507(a)(1)(A) or (a)(1)(B)  Wages, salaries, or commissions (up to \$10 000),* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 USC \$ 507(a)(4)  Contributions to an employee benefit plan - 11 USC \$ 507(a)(5)  Total Amount of Claim at Time Case Filed  4. Classification of Claims and state the amount of the claim and state the amount of the claim and state the amount of the claim at the time case filed secured claim and state the amount of the claim at the time case filed secured claim.  Check this box if your claim is secured by collateral (including a right of setoff)  Brief Description of Collateral  Real Estate Motor Vehicle Other—  Value of Collateral \$					
interest or additional charges.  6 Credits The amount of all payments on this claim has been	credited a	nd deduc	ted for the purpose of	THIS SINCE IS FOR COURT USE ONLY	
making this proof of claim.  7 Supporting Documents. Attach copies of supporting documents orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien. DO NOT SEN documents are not available, explain if the documents are volu.  8. Date-Stamped Copy. To receive an acknowledgment of the finanderssed envelope and copy of this proof of claim.	acts court j ID ORIGIN minous, att iling of you	udgment IAL DO ach a sur r claim, c	cs, mortgages, security CUMENTS If the mmary enclose a stamped, self-	FILED JAN 16 200	
Sign and print the name and title, if any, of file this claim (attach copy of power of atto First Saum)	the creditor mey, if any an K	tue	Hodian For	1072502359 1072502359	

Case 06-10725-gwz Doc 8471-3 Entered 06/16/11 15:21:05 Page 10 of 12 FORM B10 (Official Form 10) (10/05)

Unfied Stales Bankruptcy Court	District of Nevada	PROOF OF CLAIM	
Name of Dubtor USA Commercial Mortgage company	A Commercial Mortgage company  Case Number 06-10725-LBR		
NOTF This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may			
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Joy investment inc ,a Nevada Corporation	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars		
Name and address where notices should be sent Joy investment Inc 8080 Harborview Road Blaine, WA 98230	Check box if you have never received any notices from the bankruptcy court in this case  Check box if the address differs from the address on the envelope sent to you by		
Telephone number (360)961-4463	the court.	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor	Check here replaces of this claim amends a previously file	d claim dated	
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes See Exhibit A	Retiree benefits as defined in I Wages salaries and compensa Last four digits of your SS # Unpaid compensation for serv fromt (date)	tion (fill out below)	
2 Date debt was incurred 01-01- 2004	3 If court judgment, date obtained		
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 909,470  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of wentitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debit business whichever is earlier - 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$ 507(a)	Secured Claim  Check this box if your claim is a right of setoff)  Brief Description of Collatera  Real Estate Motor Value of Collateral \$ unline under the understand of the chart secured claim if any \$ 14,000  Up to \$2 225* of deposits toward pur or services for personal family or ho \$ 507(a)(7)  Taxes or penalties owed to government of the understand	s secured by collateral (including al Vehicle Other————————————————————————————————————	
5 Total Amount of Claim at Time Case Filed	\$ 909,470 909,470 (secured)	909,470 priority) (Total)	
Check this box if claim includes interest or other charges in additional charges  6 Credits The amount of all payments on this claim has been			
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are voluing addressed envelope and copy of this proof of claim.  Date  Sign and print the name and title if any of the file this claim (attach copy of power of attoring the statement of the file this claim (attach copy of power of attoring the statement of the file this claim (attach copy of power of attoring the statement of the statement of the file this claim (attach copy of power of attoring the statement of th	conts, such as promissory notes purchase cts court judgments, mortgages, security D ORIGINAL DOCUMENTS If the ninous, attach a summary ing of your claim, enclose a stamped self-time creditor or other person authorized to	THIS SPACE IS FOR COURT USE ONLY  JAN 1 ± 2007  USA CMC	

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U S t

1072502124

UNITED STATES BANKRUPTCY COURT	PROOF OF CLAIM	
DISTRICT OF NEVADA		YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Number	Schedule/Claim ID s31845
USA Commercial Mortgage Company	06-10725-LBR	Amount/Classification
		\$11 538 46 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	Charle bour from one	842,140,36 Secured
arising after the commencement of the case. A request for payment administrative expense may be filed pursuant to 11 U S C § 503	of an Check box if you are aware that anyone else has filed a proof of claim relating	
Name of Creditor and Address  JOYCE E SMITH TRUST DATED 11/3/99  C/O JOYCE E SMITH TRUSTEE  3080 RED SPRINGS DR  LAS VEGAS NV 89135 1548	to your claim Attach copy of statement giving particulars	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be
	Check box if this address differs from the address on the envelope sent to you by the	filed  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number $(762)$ $240$ $-800$ $7$ Last four digits of account or other number by which creditor identifies	court	THIS SPACE IS FOR COURT USE ONLY
	Check here replain or amer	a previously filed claim dated
1 BASIS FOR CLAIM Goods sold Personal Injury/wrongful death	Retiree benefits as defined in 11 U S	C § 1114(a) Unremitted principal
Goods sold Personal injury/wrongful death  Services performed Taxes	Wages salaries and compensation	(fill out below) Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)	Last four digits of your SS #	
	Unpaid compensation for services pe	date) (date) (date)
2 DATE DEBT WAS INCURRED 11-21-13	3 IF COURT JUDGMENT, DATE O	BTAINED
See reverse side for important explanations		nt of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of your contribute to exceed the value of the property securing it or if c) none or only part of your contribute to exceed the value of the property securing it or if c) none or only part of your contribute to exceed the property securing it or if c) none or only part of your contribute to exceed the property securing it or if c) none or only part of your contribute to exceed the property securing it or if c) none or only part of your contribute to exceed the property securing it or if c) none or only part of your contribute to exceed the property securing it or if c) none or only part of your contribute to exceed the property securing it or if c) none or only part of your contribute to exceed the property securing it or if c) none or only part of your contribute to exceed the property securing it or if c) none or only part of your contribute to exceed the property securing it or if c) none or only part of your contribute to exceed the property securing it or if c) none or only part of your contribute to exceed the property securing it or if c) none or only part of your contribute to exceed the property securing it or if c) none or only part of your contribute to exceed the property securing it is not to be a security to exceed the property security to exceed the	SECURED CLAIM  Check this box if your claim	our claim is secured by collateral (including
entitled to priority  UNSECURED PRIORITY CLAIM	r claim is a right of setoff)  Brief description of	collateral
Check this box if you have an unsecured claim, all or part of which is	Real Estate	Motor Vehicle  Other
entitled to priority 46_	Value of Collateral	\$ 842,140,36
Amount entitled to priority \$ 1538.	Amount of arrearage a	nd other charges <u>at time case filed</u> included in \$ 42, 140.36
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	<u> </u>	ard purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	services for personal family o	r household use 11 U S C § 507(a)(7)
Dustriess whichever is earlier 11 U S C § 507(a)(4)	= ' '	vernmental units
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	Amounts are subject to adjus	etrment on 4/1/07 and every 3 years thereafter ced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ 11,538.46 \$	842,140.36 \$	\$ 853.6784°=
(unsecured)	(secured)	(pnority) (Total)
Check this box if claim includes interest or other charges in addition to the		'
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the c	<u>iments</u> , such as promissory notes pure agreements, and evidence of perfection documents are voluminous attach a su	chase orders invoices itemized statements of n of lien DO NOT SEND ORIGINAL immary
proof of Claim		
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	, prevailing Pacific time, on Novemb	per 13, 2006 USE ONLY
governmental units) BY MAIL TO BMC Group	BY HAND OR OVERNIGHT DELIVERY TO	Fig.) OCT 3.1 200c
Attn USACM Claims Docketing Center P O Box 911	Attn USACM Claims Docketing Center	USA CMC
El Segundo CA 90245 0911	1330 East Franklin Avenue El Segundo CA 90245	107250000
DATE  SIGN and print the name and title if any of the first claim (attach copy of power of aftorn	creditor or other person authorized to file ey if any)	
1/1-78-06 1/1	ill Vintee	

		PRO	OF OF CLAIM		
Name of Data	taning the second of the second	Case Nur	whor		
Name of Debtor		06-10			
USA Commercial Mor	tgage Company	06-10	1725		
This form should not be used arising after the commencem	of Debtors and Case Numbers to make a claim for an administrative expent of the case A "request" for payment obe filed pursuant to 11 U S C § 503	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and	Address		statement giving particulars		
Dr. Gary L. Kantor c/o Michael M. Schma McGuireWoods LLP 77 W Wacker Drive, Chicago, IL 60601			Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	SECURED INTER ONE OF THE DEI If you have aire	IS PROOF OF CLAIM FOR A IEST IN A BORROWER THAT IS NOT BTORS Bady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number	(312) 849-8100		court		E IS FOR COURT USE ONLY
	other number by which creditor identifies	debtor	Check here replace or if this claim amen	. a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Services performed	Personal injury/wrongful death Taxes	] Wages, s	alaries and compensation (	•	Other claims against servicer (not for loan balances)
Money loaned	X Other (describe briefly) See Exhibit A		ompensation for services pe	rformed from	to
2 DATE DEBT WAS INCUR	RED	3 IF CC	OURT JUDGMENT, DATE C	BTAINED	(oate) (oate)
	AIM Check the appropriate box or boxes that				he time case filed
See reverse side for important			SECURED CLAIM		
Check this box if a) there is exceeds the value of the pr	TY CLAIM \$ Unliquidated s no collateral or lien securing your claim or b) openty securing it or if c) none or only part of you	your claim our claim is	a right of setoff)		red by collateral (including
entitled to pnority UNSECURED PRIORITY CL	AIM		Brief description of		-
	an unsecured claim all or part of which is		Real Estate Value of Collateral		Other
Amount entitled to priority	\$		Amount of arrearage an	nd other charges	at time case filed included in
Specify the priority of the ci	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	П	Up to \$2 225 of deposits toward	ard nurchaea lease	or rental of property or
Wages salaries or commit before filing of the bankrup	ssions (up to \$10 000) earned within 180 days	, U	services for personal family of Taxes or penalties owed to go	or household use 1	1 U S C § 507(a)(7)
	eer 11 U S C § 507(a)(4) ee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable part * Amounts are subject to adjust	agraph of 11 U S C	§ 507(a) ()
			with respect to cases commer	nced on or after the	date of adjustment
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	4 Ollingardaced 4		<b></b> \$		\$ Unliquidated
1	(unsecured)	•	ecured)	( priority)	(Total)
Check this box if claim incl	udes interest or other charges in addition to the	he principal a	amount of the claim Attach ite	emized statement o	f all interest or additional charges
7 SUPPORTING DOCU	of all payments on this claim has been cre				
DOCUMENTS If the doc	MENTS Attach copies of supporting doctors, court judgments, mortgages security accuments are not available explain. If the copy To receive an acknowledgment of the	agreements documents	and evidence of perfection are voluminous attach a sui	of lien DO NO mmary	T SEND ORIGINAL
BOCUMENTS If the doc BOATE-STAMPED COP proof of claim The original of this com ACCEPTED) so that it is	cts, court judgments, mortgages security accuments are not available explain. If the copy To receive an acknowledgment of the pleted proof of claim form must be sens actually received on or before 5 00 pm	agreements documents a filing of you at by mail o a, prevailing	and evidence of perfection are voluminous attach a sui our claim enclose a stamped r hand delivered (FAXES N g Pacific time, on Novemb	of lien DO NO mmary d self-addressed NOT er 13, 2006	T SEND ORIGINAL  envelope and copy of this  THIS SPACE FOR COURT USE ONLY
DOCUMENTS If the doc  8 DATE-STAMPED COP  proof of claim  The original of this com  ACCEPTED) so that it is  for each person or entit  governmental units)	cts, court judgments, mortgages security accuments are not available explain. If the copy To receive an acknowledgment of the pleted proof of claim form must be sen	agreements documents le filing of you t by mail o n, prevailing corporation	and evidence of perfection are voluminous attach a suit our claim enclose a stamped r hand delivered (FAXES Note that a suit of the suit o	n of lien DO NO mmary d self-addressed HOT er 13, 2006 nd	T SEND ORIGINAL  envelope and copy of this  THIS SPACE FOR COURT USE ONLY
DOCUMENTS If the doc  8 DATE-STAMPED COP proof of claim  The original of this com ACCEPTED) so that it is for each person or entit governmental units) BY MAIL TO BMC Group	cts, court judgments, mortgages security accuments are not available explain. If the copy To receive an acknowledgment of the pleted proof of claim form must be sens actually received on or before 5 00 pm y (including individuals, partnerships, copy in the pletes of t	agreements documents as filing of you at by mail o n, prevailing corporation BY HAND C BMC Grou	and evidence of perfection are voluminous attach a suit our claim enclose a stamped r hand delivered (FAXES Ng Pacific time, on Novembris, joint ventures, trusts at DR OVERNIGHT DELIVERY TO ID	n of lien DO NO mmary d self-addressed NOT er 13, 2006 nd	T SEND ORIGINAL  envelope and copy of this  THIS SPACE FOR COURT USE ONLY
DOCUMENTS If the doc  8 DATE-STAMPED COP proof of claim  The original of this com ACCEPTED) so that it is for each person or entit governmental units) BY MAIL TO	cts, court judgments, mortgages security accuments are not available explain. If the copy To receive an acknowledgment of the pleted proof of claim form must be sens actually received on or before 5 00 pm y (including individuals, partnerships, copy in the pletes of t	agreements documents le filing of you it by mail o n, prevailing corporation  BY HAND ( BMC Grou  Attn USA)	and evidence of perfection are voluminous attach a suit our claim enclose a stamper rhand delivered (FAXES Ng Pacific time, on Novembras, joint ventures, trusts at DR OVERNIGHT DELIVERY TO	n of lien DO NO mmary d self-addressed NOT er 13, 2006 nd	T SEND ORIGINAL  envelope and copy of this  THIS SPACE FOR COURT USE ONLY
DOCUMENTS If the doc  8 DATE-STAMPED COP proof of claim  The original of this com ACCEPTED) so that it is for each person or entit governmental units) BY MAIL TO BMC Group Attn USACM Claims Doc P O Box 911 El Segundo CA 90245-0	cts, court judgments, mortgages security as currents are not available explain. If the copy To receive an acknowledgment of the pleted proof of claim form must be sens actually received on or before 5 00 pm y (including individuals, partnerships, cocketing Center	agreements documents le filing of you to by mail o n, prevailing corporation BY HAND ( BMC Grou Attn USA 1330 East El Segund	and evidence of perfection are voluminous attach a surpour claim enclose a stamper r hand delivered (FAXES Ng Pacific time, on Novembris, joint ventures, trusts at OR OVERNIGHT DELIVERY TO CM Claims Docketing Center Franklin Avenue to CA 90245	n of lien DO NO mmary d self-addressed NOT er 13, 2006 nd	T SEND ORIGINAL envelope and copy of this  THIS SPACE FOR COURT USE ONLY FILED JAN 1 3 200